

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

RECEIVED NO.

38093

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		0		1			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11	1		1				61						
12		2		1			62						
13		2		1			63						
14	1		1				64						
15	1		1				65						
16	1		1				66						
17		1		1			67						
18		1		1			68						
19		3		1			69						
20		3		1			70						
21	1		1				71						
22	1		1				72						
23		1		1			73						
24		2		1			74						
25		1		1			75						
26		0		1			76						
27		0		3			77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		7				TOTAL IND.						
TOTAL DEP.	25		23				TOTAL DEP.						
TOTAL CLAIMS	32		30				TOTAL CLAIMS						